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30448 7590 04/21/2006

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Mark D. Passler

(Depositor's name)

[Signature]

(Signature)

6-23-06

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/695,598	10/28/2003	Michel Letendre	789-65	6333

TITLE OF INVENTION: ATTACHMENT ASSEMBLY FOR CONVENTIONAL BENCH SAW

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALIE, GHASSEM	3724	083-473000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page 1/8836 TBESHAH2 00000019 500951 10695598

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 01 FC:2501

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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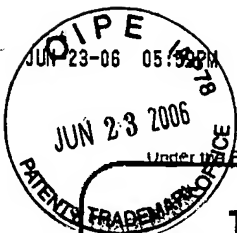
Date **6-23-06**

Typed or printed name **Mark D. Passler**

Registration No **40,764**

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T-569 P.01/02 F-827

PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/695,598	
	Filing Date	10/28/2003	
	First Named Inventor	LETENDRE	
	Art Unit	3724	
	Examiner Name	ALIE, GHASSEM	
Total Number of Pages in This Submission	2	Attorney Docket Number	789-85

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark D. Passler, Registration No. 40,764 Akerman Senterfitt
Signature	
Date	6-23-06

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Typed or printed name	Mark D. Passler
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